



AI Centres

VERSION 17

Event Application Form

Please complete the form to request use of the MPAAI Training Room, Cyber Cafe and/or Wi-Fi Patio. Be sure to attach your proposal, budget and program details with your submission, then digitally submit the application.

Section 1: Contact Information

Name of Individual/Organization:

Contact Person:

Email Address:

Phone Number:

Alternate Contact (phone/email):

Address:

Website:

Social Media Links:

Section 2: Organization Details

Type of Organization:

- ☐ Non-Profit Organization
- ☐ Community Group
- ☐ Educational Institution
- ☐ Government Agency
- ☐ Private Sector
- ☐ Other: _____



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Brief Description of Organization:

Section 3: Event Details

Title of Event/Webinar/Workshop:

Proposed AI Centre:

Select AI Centre

Please indicate the required locations at the AI Centre for the event.
(Select all that apply):

☐ Training Room ☐ Cyber Cafe ☐ Wi-Fi Patio

Training Start and End Date: Start: _____ End: _____

Proposed Day(s) and Time(s):

Day	Start Time	End Time
Monday	8:00 AM	6:00 PM
Tuesday	8:00 AM	6:00 PM
Wednesday	8:00 AM	6:00 PM
Thursday	8:00 AM	6:00 PM
Friday	8:00 AM	6:00 PM
Saturday	8:00 AM	6:00 PM



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Target Audience (select all that apply):

Age Group: Select age group

Gender: Select gender

Technology Use: ☐ Beginner ☐ Intermediate ☐ Advanced

Expected Number of Participants:

In-person: Select an option

Online: Select an option

Key learning outcomes of event/webinar/workshop

Section 4: Additional Information

Will a certificate be presented to participants?

☐ Yes ☐ No

If yes, what type of certificate?

Evaluation: What methods will be employed to assess the program's effectiveness?

Feedback: Will there be a mechanism in place to collect feedback from participants, allowing us to assess the effectiveness of the program?



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Do you require Special Accessibility Accommodations?

☐ Yes ☐ No

If yes, please provide detailed information:

Section 5: Agreement

Applicant must agree to AI Centre's [Terms and Conditions](#) and [privacy policy](#).

☐ Yes ☐ No

Training courses delivered at AI Centres must receive the approval of MPAAI and are to be delivered at no cost to participants.

☐ **I agree to the above statement**

By submitting this application, I confirm that the information provided is accurate and that I have the authority to represent my organization/group.

Signature:

Date:

Instructions for Submission:

Please submit your completed application form to ariel.soonachan@gov.tt. For any questions, contact us at 868-612-4638 ext. 1782.

Note: This form does not apply to government ministries, which follow an established ministry-to-ministry protocol.